

Washington, D.C. Congressman Sanford Bishop today announced that the Emergency Supplemental Appropriations bill, which was taken up today in the U.S. House of Representatives, provides \$350 million to replace Martin Army Community Hospital (MACH) at Fort Benning. Part of a \$1 billion provision to rebuild and address critical infrastructure needs at two other aging military hospitals, the funding will prevent the types of problems that surfaced at Walter Reed Army Medical Center last year.

“We owe it to our soldiers, our veterans, and their families to provide access to a modern medical facility that is not susceptible to water shut-offs, power outages or drainage problems, and that ensures patients’ rooms stay cool in the summer and warm in the winter,” said Congressman Bishop. “A few of our military hospitals, including Martin at Fort Benning, are simply just too old to provide the modern, state-of-the-art infrastructure necessary for high-quality medical care.”

MACH was constructed in 1957 and is one of the oldest in the Army Medical Department inventory. The Army has identified MACH as the top priority hospital replacement project in the United States due to its age and its future requirements as Base Realignment and Closure (BRAC) and Global Rebasing operations move forward. The Army estimates that, eventually, up to 100,000 soldiers, military trainees, retirees, civilians, and their families will be eligible to use the new hospital.

“Congressman Bishop recognized the need to improve conditions at Martin Army Hospital and brought it to the attention of the committee,” said Congressman Chet Edwards, Chairman of the Appropriations Subcommittee on Military Construction and Veterans Affairs. “It was a privilege to work with Congressman Bishop and the other members of the committee to make sure our military families have access to first class medical facilities capable of meeting the requirements of the current mission.”

In recent years, the services have identified billions of dollars in recapitalization requirements for which current budgetary allotments are insufficient, but which desperately need funding due to the condition of the facilities. The funding problems will be exacerbated in the immediate future as installations like Fort Benning add thousands of personnel, dependent families, and departments due to BRAC, and as more wounded soldiers return from service in Iraq and Afghanistan. The allocations for military medical facilities in the Emergency Supplemental will relieve some pressure on the backlog of projects needing funding.

The Emergency Supplemental was taken up as three amendments. The first amendment, which would have provided \$162.5 billion for the Department of Defense to fund the wars in Iraq and Afghanistan, did not pass. The other two amendments, which set Iraq policy restrictions and provided funding for domestic emergencies, passed. The third amendment included funding for MACH, as well as funding for a 21st Century GI bill for veterans, levees on the Gulf Coast, and emergency unemployment compensation for workers affected by the weakening economy.

The provisions which passed must be agreed to by the full Senate before they can be sent to the President to be signed into law.